

# VARNISH! MICHIGAN BABIES TOO!



2012-2013

## Annual Report

The Varnish! Michigan Babies Too! Program was developed as an incentive for medical providers to have oral health training and begin an oral health program in their practices. The following are the results obtained from the 2012-2013 year.

# Varnish! Michigan Babies Too!

## ANNUAL REPORT

### Introduction to Oral Health

The Department of Health and Human Services recognized oral health as one of the 12 leading health indicators for Healthy People 2020. This indicator is measuring the percentage of persons who visited the dentist in the past year. The mouth is a gateway to the rest of the body. Illnesses can potentially be detected earlier if patients have routine follow ups with their family dentist. Dental decay is preventable if measures are initiated soon enough to impede the disease process. For very young children who are at high risk for dental decay, having early access to prevention is the key to avoiding a childhood full of pain and suffering from tooth decay and high costs for treatment. Since there are many barriers that hinder the ability of some to get oral healthcare, i.e., lack of dental insurance or poor socioeconomic status, primary care physicians/pediatricians who provide a medical home to their patients are in a unique position to influence the overall health of their patients by providing preventive oral health care. This care may include an oral health risk assessment; anticipatory guidance and counseling about oral hygiene and nutrition; fluoride varnish application for children at high risk of developing caries; and a referral to a dental home that fits into their financial status or insurance allowance.

### Background Information

According to the CDC, applying a fluoride varnish to children's teeth early in life can decrease the risk for the development of early childhood caries. Early childhood caries have been linked to the passage of cavity causing bacteria from caregiver to child, which increases the importance for education and awareness. In 2008, the Michigan Department of Community Health (MDCH) released a Medicaid Bulletin (08-50), that allows medical professionals to be reimbursed for an oral screening and fluoride varnish application. Reductions in dental caries of 18 to 25% were shown when preventive care was initiated before any caries were observed (ASTDD, 2014). Infants and toddlers benefited most if they were caries free prior to treatment. This program is intended for physicians, family practitioners, and nurse practitioners who treat Medicaid beneficiaries up to age three (0-35 months). This program will help to increase the awareness of the primary care provider to the development of early childhood caries in their patients. With early detection, they can be referred to a dental home for further treatment.

### Training

The MDCH Oral Health Program (OHP) encourages the online training for fluoride varnish protocol for use in medical practices through the Smiles for Life Curriculum (link provided below).

Medical providers that wish to be involved in a fluoride varnish program in their offices, and wished to be reimbursed through Medicaid need to take the Module 6: Caries Risk Assessment, Fluoride Varnish, and Counseling training session and submit verification of the training by sending the completed CE Certificate and MDCH Contact Information Form to the OHP. Providers are encouraged to choose from other Smiles for Life Modules on Oral Health to further their oral health knowledge. However, Module 6 is the only one required to bill Medicaid at this time. Other health and medical professionals are also encouraged to take the training if they are involved with a fluoride varnish program in their office. A certificate is issued once the MDCH OHP receives the Statement of Completion (CE Certificate) from the Smiles for Life Curriculum and the MDCH Contact Information form.

*As of June 1, 2012, the online training is the Smiles for Life Online Module for Fluoride Varnish. This is a national training developed by the Society of Teachers of Family Medicine Group on Oral Health: <http://smilesforlifeoralhealth.org/> This link will direct a provider to Module 6: Caries Risk Assessment, Fluoride Varnish and Counseling.*

## **Reimbursement**

Medical professionals, (physicians and nurse practitioners in Michigan), that have had the training are allowed to bill Medicaid for up to four fluoride varnish applications in a 12 month period on children up to age three. The current reimbursement is at \$9.00 per application. The OHP distributes a certificate to the medical provider upon completion. The OHP keeps an updated list and monitors practices that receive completed certificates.

Names of the providers who are eligible to bill Medicaid for fluoride varnish applications and oral screenings are posted on the MDCH Providers-Dental site:

[http://michigan.gov/mdch/0,1607,7-132-2945\\_42542\\_42543\\_42546\\_42551-150940--\\_00.html](http://michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-150940--_00.html)

*As of October 1, 2013, there were 280 medical providers, including nurses, medical assistants, and other office personnel, who have taken the state training for oral health since 2008. 114 of those were physicians and nurse practitioners.*

## **Varnish! Michigan Babies Too! Program Description**

The Varnish! Michigan Babies Too! Program was developed as an incentive for medical providers to have oral health training and begin an oral health program in their practices. Free fluoride varnish is available to offices willing to submit oral health screening data collected on children receiving the fluoride varnish application to the OHP. By providing free fluoride varnish, the OHP hopes to encourage medical providers to perform oral screenings and fluoride varnish applications as part of the EPSDT (Early and Periodic, Screening, Diagnosis, Treatment) well baby checks. After each staff member involved has taken the Smiles for Life training, Susan Deming, Education Coordinator, may visit their practice and conduct the Babies Too! training for all staff involved if they are interested in participating in the Babies Too! Program. This training is also offered via webinar if that works out best in schedules. Once the Babies Too! training has been completed the office can begin to collect screening data, apply fluoride varnish, educate parents,

and submit quarterly screening forms to the OHP. The OHP, per signed Memorandum of Agreement with each agency, provides free fluoride varnish for as many children as there are returned screening forms (as long as supply is available). It is with this information that analysis can be drawn and compared to future health screenings.

## Goals

With the implementation of this program, the OHP has been able to encourage more medical providers to consider oral health a staple in the everyday health of the patient. They are now more inclined to take a look in the mouth, provide a caries risk assessment, apply fluoride varnish, offer anticipatory guidance to parents on oral health care, and refer to a dental home by the age of one.

## Data Collection from 2012-2013

Nineteen agencies participated in the 2012-13 Babies Too! Program and sent oral health screening information to the OHP on a quarterly basis. This is an improvement from 11 agencies the previous year! Most of these children were on Medicaid but the providers were allowed to apply the free fluoride varnish on any child under three years old with high risk for dental decay. Billing Medicaid was an option but this was not tracked.

The 2012-13 MDCH Oral Health Babies Too! Screening form asked the following information:

- Date of service
- Agency name
- Site name if different from agency name
- Number of varnish application; 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>
- Examiner initials
- Child's name including first, middle, and last
- Male/Female
- Ethnicity
- Child's date of birth
- Parent/guardian name
- Yes box checked for consent given
- Total number of teeth present
- # of teeth with previous caries experience
- # of teeth with untreated decay
- Yes/No for white spot lesions present
- Yes/No for Early Childhood Caries (ECC)
- Treatment Urgency: 0,1,2
- Yes/No for fluoride varnish application
- Yes/No for caries risk assessment done
- Yes/No for child referred for treatment

For FY 2012-13, the data collected was not indicative of the state as a whole and only represents data collected from those agencies volunteering to collect data as part of the Babies Too! Program. The following are the data results:

- 4308 children were seen- a 34% increase over FY2011-12
- 4308 children had at least one oral health screening
- 4296 had at least one varnish application
- 1475 had a second screening and varnish application; 525 had a third screening and varnish application and 131 had 4 screenings and varnish applications in the 12 month period
- 189 teeth of the children under three years old had some previous caries experience at their first screening; meaning filled, crowned or extracted due to decay
- 263 teeth of the under three aged children had untreated decay at their first screening
- 139 children had white spot lesions present
- 176, or 4%, had signs or symptoms of Early Childhood Caries before age 3 at their first screening in this year's data collection
- There is an increase in the number of children with dental caries this year at 4% compared to last year at 3% however this is likely related to the increase in the number of children seen and the addition of agencies participating in the program.

## **Lessons Learned**

Primary care providers are starting to recognize the importance of maintaining oral health but at this point there is still work to be done. The goal is to ensure that all providers are making oral health a component of the routine well child visit. There could be several reasons for this not happening more frequently:

- The only CEs offered were through Smiles for Life, not the Babies Too! Program
- Low reimbursement for fluoride varnish applications and oral screenings; no reimbursement for time spent on risk assessment, or anticipatory guidance to parents.
- No extra time to add this into busy schedules
- Unaware of American Academy of Pediatrics guidelines
- Lack of places to refer for needed dental care due to insurance of patients economic status

Unfortunately there are many forms sent back with incomplete data which hinders the analysis process. The data collection efforts need to be improved; those filling out the screening forms need to include all needed information. Free varnish is not being distributed until all staff involved with the Babies Too! Program undergo specific screening form instruction.

With the increase in the number of children seen, we need to increase the correspondence with all locations to ensure that the guidelines for the program are being followed. This includes making sure that all sites are using the correct forms and filling in all necessary data to be eligible for the incentive.

To improve overall data collection and adherence to the program, tracking of how many forms come in versus how much varnish is sent to each office needs to be tracked more closely. With the implementation of the new records systems it easier for the OHP staff to see how many forms each agency is sending and how much fluoride varnish they are requesting.

## **Evaluation**

Evaluation efforts presently consist of the data collected from the screening forms, how many physicians and nurse practitioners have taken the Smiles for Life training, how many other medical professionals have taken the training, and how many programs are participating in the Babies Too! Program. In order to better the program, a survey for providers will need to be developed. This will help to get a better understanding on how providers view this program, and what recommendations they have for improvements.

## **Future of the Program**

Due to limited resources it is unclear how long the Babies Too! Program can be sustained and this will depend on available funding. Promoting the Smiles for Life online training, which offers free CEs, is hoped to encourage more providers and be an incentive to participate.

In addition, trying to find a better way to have forms returned to ease the burden on the providers' busy schedule is another necessity. Electronic methods are being considered.

Increasing the number of medical providers that take the Smiles for Life training and participate in the Babies Too! Program is an objective. When the Smiles for Life Medicaid Bulletin was released in June 2012, messages were sent to all the medical associations, and any contacts with health provider agencies. Without specific follow-up this promotion did not seem to encourage more providers to sign up. Strategies that include further education, peer to peer interaction, and awareness for medical providers on the importance of oral health and prevention at an early age, and efforts to enhance financial reimbursement for medical providers to include oral health in routine exams for infants and toddlers need to be pursued. Expanding other collaborations with new partners to help in the promotion and education of the Smiles for Life Curriculum and Babies Too! Program will be explored.

**For more information on the Varnish Michigan- Babies Too! Program contact:**

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*Respectively submitted by Erica Frank, MDCH Intern, MPH*